

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046772

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 381 Primary Registration District No. 4514 Registrar's No. 96

1. PLACE OF DEATH
a. COUNTY Sullivan

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Green City

Length of stay in 1b
20 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Home

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Sullivan

c. CITY OR TOWN Green City

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
No street address

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print):

First Middle Last
Lillian Sheridan Dixon

4. DATE OF DEATH
Month Day Year
Nov. 15, 1963

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
3/18/1885

9. AGE (last birthday)
98

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY
Farm home

11. BIRTHPLACE (City and state or country)
Sullivan Co., Mo.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Elija Harlan

13b. MOTHER'S MAIDEN NAME

Jane Combs

14. NAME OF HUSBAND OR WIFE

Isaac Dixon

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
None

17. INFORMANT
Address
Mrs. Doris Shoop, Green City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

CORONARY Occlusion
General Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

20 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐

SUICIDE ☐

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from February 4, 1963 to Nov 15, 1963 and last saw her alive on Nov 14, 1963
Death occurred at 8:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)
R. D. Smith D.D.

22b. ADDRESS

Green City, Mo.

22c. DATE SIGNED

11/16/63

23a. BURIAL CREMATION, REMOVAL (Specify)

Burial

23b. DATE

11/17/1963

23c. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cemetery

23d. LOCATION (City, town, or county)

Green City, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Glenn E. Kenton, Green City, Mo.

25. DATE RECD. BY LOCAL REG.

11-19-63

26. REGISTRAR'S SIGNATURE

Mrs. M. W. Beckett

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1/050

2/050

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12 90-2

13 20

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
 or by _____, Student Embalmer No. _____
 working under my personal supervision.

Student _____
 Signature of Student Embalmer

Signed

Earl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
 If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
 If this body is not embalmed, fact should be so stated above.